



Division of Occupational & Professional Licensing
P.O. Box 146741, Salt Lake City, Utah 84114-6741
www.dopl.utah.gov

APPLICATION FOR LICENSE RENEWAL / REINSTATEMENT

LICENSE NUMBER	PROFESSION TITLE	EXPIRATION DATE	RENEWAL FEE	REINSTATEMENT FEES
	Contractor	7/31/2001	See Below	Required after the expiration date. See reverse for details.

SOCIAL SECURITY NUMBER Not Applicable

↓ ADDRESS OF RECORD ↓

APPLICATION DUE DATE See below for Details.

LICENSEE CERTIFICATION

SIGNATURE REQUIRED

I hereby certify that I have completed or will complete all renewal requirements before the expiration or reinstatement of my current license. I understand that I may be subject to audit.

↓DO NOT WRITE OR MARK BELOW THIS LINE↓

(Detach carefully along this perforation.)

**IF ANY OF THE INFORMATION LISTED ABOVE IS INCORRECT,
PLEASE MAKE ANY NECESSARY CHANGES ON THE BACK OF THIS FORM.**

SPECIFIC REQUIREMENTS Additional requirements that apply to your occupation or profession are as follows:

To reinstate a contractor license that expired on **July 31, 2001**, please...

- Write your license number, business name, and address on the top portion of this form.
- Complete both sides of the "Contractor License Renewal / Reinstatement Questionnaire".
- Submit the non-refundable \$250 reinstatement fee (if you are exempt from the Lien Recovery Fund the reinstatement fee is \$150). Make checks and money orders payable to DOPL.

Mail the above coupon, contractor reinstatement questionnaire, and the reinstatement fees to:

DOPL – Contractor Reinstatement
PO Box 146741
Salt Lake City, UT 84114-6741

RENEWAL / REINSTATEMENT CHECKLIST See Reverse For Detailed Instructions

- ☐ **Sign the above coupon.**
- ☐ If your **legal name has changed**, you **must** submit verification of such.
- ☐ **Pay the correct fee.** If you are reinstating your license after the expiration date, you must pay a reinstatement fee in addition to the renewal fee.
- ☐ Make checks or money orders payable to "DOPL". **DO NOT SEND CASH.**
- ☐ **Sign your check or money order.**
- ☐ Submit only your **coupon** and **check** in the enclosed return envelope. All other documentation or information must be mailed in a separate envelope to the address listed at the top of the coupon.

Unlawful Conduct: Your license automatically expires on the expiration date shown above unless the license is renewed. If your license expires, you may not practice until a new license is issued. Subsection 58-1-501(1)(a) and Section 58-1-502. U.C.A., respectively, make it unlawful and punishable as a criminal offense to practice your occupation or profession beyond the expiration date shown on your license.

NEW MAILING ADDRESS CORRECTION ONLY

Use this space to make any address corrections. Please note that this will be used as your public address of record, which means that it is available upon request and via the internet, and it will be used for any future correspondence from the Division. You may choose to use a business address or a P.O. Box instead of your home address.

New Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

LEGAL NAME CHANGE

If your legal name has changed, you must verify the change by attaching a copy of a marriage certificate, divorce decree, court order, driver's license, or social security card with this coupon. Mail these changes with your coupon, payment, and documentation to DOPL, P.O. BOX 146741, Salt Lake City, UT, 84114-6741. Do not use the enclosed envelope for this purpose.

Last: _____ First: _____ Middle: _____

Social Security Number: _____ - _____ - _____

INSTRUCTIONS FOR LICENSE RENEWAL / REINSTATEMENT

THIS IS THE ONLY NOTICE YOU WILL RECEIVE

TIMELY RENEWAL: It is your responsibility to comply with all renewal requirements stated in statute and rule and to submit a completed Application for License Renewal promptly. Due to the large number of renewals to be processed, it can take up to 30 days to process an application. If we do not receive your completed application by the due date shown on the coupon, we cannot guarantee that you will receive a new license before your current license expires.

APPLICATION APPROVAL: Your application will be approved unless it is apparent that you do not meet the renewal / reinstatement requirements. Professions with specific requirements listed on the front of this form may be subject to audit by the Division. Those selected for audit will be notified. Please note that the Division reserves the right to initiate action at any time against a licensee who did not meet the renewal / reinstatement requirements at the time the license was issued.

REINSTATEMENT FEES: If you fail to renew your license before the expiration date, you will be subject to the following conditions:

- A) If you are reinstating your license within 30 days after the expiration date listed on the front of this form, you must submit the renewal fee PLUS an additional \$20.00 for EACH license being reinstated.**
- B) If you are reinstating your license after 30 days and within two years of the expiration date listed on the front of this form, you must submit the renewal fee PLUS an additional \$50.00 for EACH license being reinstated.**
- C) Fees are subject to change by the Utah Legislature each July 1. The fees quoted on the reverse are current at the time this renewal form was printed. Please verify the current fee at www.dopl.utah.gov if applying for reinstatement more than one year following the expiration of your license.**

NOTICE: If you fail to reinstate your license within 2 years of the expiration date of your license, you must submit a new application, meet current requirements for licensure, and pay the fees specified in subsection R156-1-308d(3).

INFORMATION UPDATES: You are responsible to immediately notify the Division of address or name changes as they occur. Please do not rely on forwarding orders to provide the Division with this information. Additionally, if your change in name represents a new business entity, you must submit a new application for licensure before beginning practice as the new entity.

SOCIAL SECURITY NUMBER: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13).

Contractor Name (as it appears on the license): _____
Street Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
License Number: _____ Number of Years Licensed: _____

CONTRACTOR LICENSE RENEWAL / REINSTATEMENT QUESTIONNAIRE

Answer every question. Write either "yes" or "no" in the blank space before each question.

Has the applicant or its guarantor(s) in the past 4 years . . .

1. _____ filed bankruptcy (voluntary or involuntary) or plan to file in the next 12 months?
2. _____ failed to pay any judgments, liens, taxes, or child support payments as required?
3. _____ been named as a defendant or advised that you will be named as a defendant in any litigation that is not being defended by an insurance company?
4. _____ failed to pay all required state and federal income taxes, payroll withholding, and unemployment insurance as required by law?
5. _____ had a credit line/account denied or revoked or had a reduction in bonding limit?
6. _____ cosigned for debt for anyone other than the applicant?

Has the applicant in the past 4 years . . .

7. _____ failed to maintain continuous general liability insurance coverage of at least \$100,000 for each incident and \$300,000 aggregate?
8. _____ failed to maintain workers compensation insurance coverage as required by law?

Has the applicant or its qualifier(s) . . .

9. _____ ever failed to reimburse, in full, any claim paid by the Residence Lien Recovery Fund, as required?
10. _____ in the past 4 years been arrested for or charged with a misdemeanor or felony in any jurisdiction? (Minor traffic offenses such as parking or speeding violations need not be listed, but motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.)
11. _____ in the past 4 years pled guilty, no contest to, entered a plea in abeyance, or been convicted of any felony or misdemeanor in any jurisdiction?
12. _____ in the past 4 years had any disciplinary action taken against him/her by any contractor licensing agency, or has been made aware of any investigation or pending action?

FOR EVERY "YES" ANSWER ABOVE, ATTACH A COMPLETE WRITTEN EXPLANATION.

Current Business Type: _____ (sole-proprietor, corp., partnership, LLC, etc.)

Does the business type listed represent a change in entity for this license? (yes / no) _____

Liability Insurance Carrier Name: _____ Policy Number: _____

Policy Expiration Date: _____ * * Supply this information only. DO NOT mail in your certificate. * *

Federal Identification Number: _____ or Social Security Number: _____

If you currently have employees -- or plan to hire employees in the next 12 months -- furnish the following:

(If you do not have employees please write "No Employees")

State of Utah Payroll Withholding Tax Number: _____

State of Utah Unemployment Insurance Number: _____

Utah Workers Compensation Carrier Name: _____ Policy Number: _____

Policy Expiration Date: _____ * * Supply this information only. DO NOT mail in your certificate. * *

Financial information submitted for any person or entity other than the licensed entity must submit a signed guaranty form from the purported guarantor. The following Guaranty Information is not required if the name of financial information shown below is the same as the name of the licensed entity.

Name(s) of any Guarantor(s) whose financial information is used in demonstrating financial responsibility on this Questionnaire: _____
Guaranty Type (corp., individual, etc.): _____ Date Guaranty Signed: _____

NOTE: Financial information that is not the applicant's may not be used unless you have all guarantors sign a DOPL-approved guaranty form. Contact DOPL at (801) 530-6629 or (866) 275-3675 for the correct form.

All applicants MUST submit the following financial information:

Name(s) shown on the financial statements or worksheets that are used for this Questionnaire: _____

Date of the financial statements or worksheets used: _____

Type of financial statements used to prepare this Questionnaire (check one):

CPA audited _____ CPA reviewed _____ Self prepared / Other _____

Working Capital ¹	\$ _____	Total Assets ²	\$ _____
Total Liabilities ³	\$ _____	Net Worth ⁴	\$ _____
Net Income(loss) ⁵ current year	\$ _____	Net Income(loss) ⁵ prior year	\$ _____

¹**Working Capital:** Current assets (cash and cash equivalents, i.e., cash, investments, accounts receivable, etc.) minus current liabilities (what is owed that is due to be paid in the next 12 months, i.e. payroll taxes, accounts payable, next 12 payments on all loans, credit cards, etc.).
²**Total Assets:** Everything that is owned (at cost less depreciation).
³**Total Liabilities:** All debt.
⁴**Net Worth:** Total assets minus all liabilities.
⁵**Net Income(loss):** If a profit & loss/income statement exists, use the numbers from it. If not, comparable numbers can be found on current and previous year's tax returns as follows:
1040 – Schedule C, line 31; 1040 EZ – Schedule C-EZ, Part II, Line 3;
1065 – Line 22; 1120 – Line 30; 1120S – Line 21.

I, the undersigned, am authorized to sign this Questionnaire on behalf of the applicant. To the best of my knowledge, the information contained in this Questionnaire is free of fraud, misrepresentation, or omission of material fact; is truthful and correct; and discloses conditions regarding the applicant's financial responsibility.

_____ Print Name of Authorized Signer	_____ Title of Authorized Signer
_____ Signature of Authorized Signer	_____ Date Signed

NOTE: Save all financial statements, supporting documents (bank statements, etc.), and guaranties used to complete this questionnaire for a minimum of 2 years beyond the license issue date. Information used is subject to audit by the Division.